

EXHIBIT 5

UNINSURED UNITED PARACHUTE TECHNOLOGIES, LLC.



TANDEM INSTRUCTOR CERTIFICATION FORM

Name Bradley D NORTH Age 31Mailing Address [REDACTED]

\$ 50.00

City SANTA CRUZ State CA Zip 95060 Country USAHome Phone [REDACTED] Work Phone SAME Fax [REDACTED]E-Mail [REDACTED]Date of First Jump 2/13/11 Number of Jumps 3,933Instructional Rating(s) (Please attach copy) Coach Current / ExpiredUSPA D-License/ Equivalent D-33014 FAA Medical Certificate # (Please attach copy) See AttachedHome Drop Zone BAY AREA SKYDIVING National Aero Club USPA

Applicant Training Record

Jump # Date Aircraft Name of Passenger Examiner's Comments and Signature

1.	6/27/16	TWIN OTTER	SOLO	[Signature]
2.	6/27/16	TWIN OTTER	Front Ride w/ Rob	[Signature]
3.	6/27/16	TWIN OTTER	Rob	[Signature]
4.	6/27/16	TWIN OTTER	MIKE	[Signature]
5.	7/1/16	TWIN OTTER	Rob	[Signature]

Name of Examiner (Please Print) Yuri Garmashov

Cross-Training to a Vector Sigma from another Tandem Rating

	Date	Aircraft	Name of Passenger	Examiner's Comments and Signature
1.	<u>/ /</u>			
2.	<u>/ /</u>			

Name of Examiner (Please Print) _____

Applicant must possess a current tandem rating from another manufacturer, complete a Vector Sigma Tandem ground school, and complete a minimum of two Vector Sigma tandem jumps.

TANDEM INSTRUCTOR RATING COURSE PROFICIENCY CARD

CANDIDATE: Refer to the rating requirements listed in the Introduction and Orientation section of the USPA Tandem Instructor Rating Course outline in the USPA Instructional Rating Manual. Some requirements are listed there alone, and some are listed only on this proficiency card.

Sign-off dates may not be more than 24 months old as of the course start date. Many requirements may be performed in conjunction with a USPA Tandem Instructor Rating Course.

VERIFYING OFFICIALS: Use this form to record that the candidate has met all necessary requirements for the USPA Tandem Instructor rating. The level of official verification is indicated with each requirement. Each of the undersigned certifies that he or she has personally verified those qualifications listed.

*Current USPA Instructors need not meet starred requirements.

USPA TANDEM INSTRUCTOR RATING APPLICATION

Name Bradley D North USPA #: 253058 Expiration Date: 10/31/2016

Mailing Address [REDACTED]

Add'l. Address _____

City Santa Cruz State CA Zip or Postal Code 95060 Country USA

Weekday Phone [REDACTED] E-Mail [REDACTED] EL.com

DOB: 7/3/1985 Sex: ☒ M ☐ F Occupation: OPS

License Number: D33014 (USPA or FAI D license required.)

FAA Medical Exp. Date 4/21/2021 (include copy of medical with this application)

Total Freefall Time: 66hr Total Sport Jumps: 3943 (minimum 500 required.)

Applicant's Signature (for future authentication purposes): [Signature]

\$50 Rating Fee: ☐ Paid by candidate with application ☐ Returned with After-Action Report



expiration date

MO	YR
<u>03</u>	<u>2019</u>

Signature: [Signature]

I certify that _____ has:
name of candidate

PRIOR TO ARRIVAL AT THE USPA INSTRUCTOR RATING COURSE:

1. Assisted in two tandem first-jump courses toward Category A requirements.

[Signature] 6/27/16
USPA Tandem Instructor signature Date

[Signature] 6/27/16
USPA Tandem Instructor signature Date

2. Assisted in two Category B tandem ground preps.

[Signature] 6/27/16
USPA Tandem Instructor signature Date

[Signature] 6/27/16
USPA Tandem Instructor signature Date

3.* Assisted in two Category D ground preps.

[Signature] 6/27/16
USPA Instructor signature Date

[Signature] 6/27/16
USPA Instructor signature Date

4.* Observed ground preps in Categories B, C, E, and F.

[Signature] 6/27/16
USPA Instructor signature Date

5.* Correctly taught freefall stability and basic freefall maneuvers, including freefall turns, backloops, barrel rolls, front loops, and tracking.

[Signature] 6/27/16
USPA Instructor signature Date

6.* Prepared an effective canopy flight plan and provided ground-to-air (for example, radio) instruction for winds up to 14 mph.

[Signature] 6/27/16
USPA Instructor signature Date

7.* Participated in the spotting and aircraft lessons from Categories D through H (or equivalent training).

(initials:) Category D [Initials] Category G [Initials]
Category E [Initials] Category H [Initials]
Category F [Initials]

[Signature] 6/27/16
USPA Instructor signature Date

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CANDIDATE NAME _____

Member # _____

8.* Demonstrated five practice tandem cutaways wearing tandem equipment and with a simulated student in the student harness in the presence of a USPA Tandem Instructor or Tandem Instructor Examiner.

1. Supervising USPA Tandem Instructor signature _____ Date 6/27/16

9.* Made 10 jumps to teach and observe basic group freefall skills (verification of 10 entries in the candidate's logbook).

Course Examiner's signature _____ Date 6/27/16

10. Correctly answered at least 80% of the questions on the USPA Tandem Instructor Final Examination.

Course examiner signature _____ Date 6/27/16

AT THE USPA INSTRUCTOR RATING COURSE:

11. During tandem jumps, demonstrated the ability to perform all the following:

- Establish and maintain stability throughout the jump.

Evaluator signature _____ Date 6/27/16

- Recover from intentional, planned instability on exit.

Evaluator signature _____ Date 6/27/16

- Heading control during tandem freefall and droguefall.

Evaluator signature _____ Date 6/27/16

12. Earned a score of Satisfactory on all sections and sub-sections of the Tandem In-Air Skills and Instruction Evaluation Form and the Training, Supervision, and Debriefing Evaluation Form.

Course examiner signature _____ Date 6/27/16

13. Correctly and completely rigged a simulated student for a tandem jump and completed a satisfactory pre-jump check of all associated systems.

Evaluator signature _____ Date 6/27/16

14. Conducted five successful initial tandem evaluation jumps.

1. Evaluator signature _____ Date 6/27/16

2. Evaluator signature _____ Date 6/27/16

3. Evaluator signature _____ Date 6/27/16

4. Evaluator signature _____ Date 6/27/16

5. Evaluator signature _____ Date 7/1/16

15.* Correctly prepared and checked a solo student's equipment, including canopy selection, prior to rigging up.

USPA Instructor signature _____ Date 6/27/16

16.* Completed one satisfactory Category D freefall and canopy training session and air evaluation during a Tandem Instructor Rating Course.

Course Examiner signature _____ Date 6/27/16

17. Participated in all portions of the USPA Tandem Instructor Rating Course.

Course examiner signature _____ Date 7/1/16

18. Has a minimum of 3 years of experience in parachuting.

Course examiner signature _____ Date 7/1/16

19. Conducted five practice tandem jumps.

1. Supervising USPA Tandem Instructor signature _____ Date 7/1/16

2. Supervising USPA Tandem Instructor signature _____ Date 7/1/16

3. Supervising USPA Tandem Instructor signature _____ Date 7/1/16

4. Supervising USPA Tandem Instructor signature _____ Date 7/1/16

5. Supervising USPA Tandem Instructor signature _____ Date 7/1/16

RATING RECOMMENDATION

I have personally examined and recommend this applicant for the USPA Tandem Instructor rating. He or she has demonstrated the ability to train and jump with tandem students and to train and supervise non-method-specific students for the USPA A license.

Yuri Garmashov 163264

USPA Tandem Instructor Examiner name and Member #

USPA Tandem Instructor Examiner signature _____

CA Skydive School, Acampo, CA

Course Location

UPT Sigma

Tandem Equipment Used for Rating

COURSE/EXAMINER VERIFICATION CHECKLIST

- ☐ Examiner membership and rating expiration date _____
 - ☐ Course Location _____ (must be a current USPA Group Member drop zone)
 - ☐ Course dates and location registered with USPA Headquarters on (date) _____
 - ☐ Candidate USPA Membership expiration date _____
 - ☐ Full Course ☐ Challenge Course ☐ Mfg. Transition Course (tandem only)
- (See Section 1 of course syllabus for requirements)